



**Statement by
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Before the Senate Committee on
Health, Education, Labor and Pensions**

April 11, 2018

I would first like to thank Senate Health, Education, Labor and Pensions Committee Chairman Lamar Alexander, Ranking Member Patty Murray, and the members of the committee for hosting this series of hearings and for inviting me to testify on behalf of important legislation that can help address our nation's addiction crisis.

My name is Jessica Hulsey Nickel, and I am the President of the Addiction Policy Forum. I started the non-profit to help patients, families and stakeholders across the country advocate for a comprehensive response to addiction -- including prevention, treatment, recovery, overdose reversal, criminal justice reform and law enforcement. We convene key partners from throughout the field around one table with a shared goal: to help create a world where fewer lives are lost to addiction and help exists for the millions of Americans who need it.

I am grateful to be with you today to discuss the need for a comprehensive response to address the addiction crisis. I know firsthand the devastating impact that addiction can have on families. Both of my parents struggled with heroin addiction and ultimately lost their lives to this preventable, treatable disease. My story is just one of the millions repeated daily across our nation - and I have heard these stories from the thousands of mothers, fathers, sisters, brothers

and other loved ones who have reached out to the Addiction Policy Forum in need, in grief, in hope and wanting to be a part of the solution to this crisis.

Last December the Centers for Disease Control (CDC) released a haunting report stating that over 63,300 people died from a drug overdose in 2016 -- a 21 percent increase from the previous year, largely due to an increase in opioid overdose deaths.

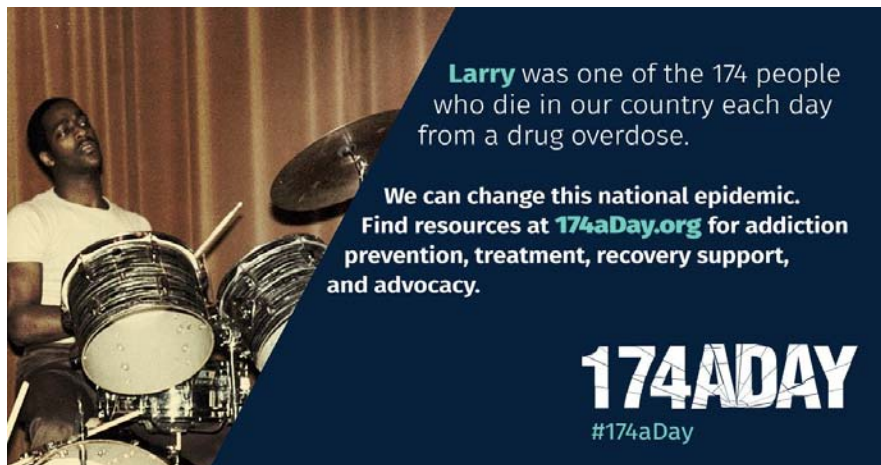
In 2016, 174 people died every day from a drug overdose in our country. 174. That's equivalent to more than two commuter planes crashing every day for an entire year. But you can bet that if those planes were actually going down the FAA would stop operations until they found out exactly what was going on. Addiction is a more muted killer. In 2016, the Addiction Policy Forum launched the 129aDay campaign to honor those we have lost and their families, who sit at the epicenter of this crisis. Each year, we update the campaign to reflect the increasing number of lives that are lost each year. The latest data available show 174aDay and all indications suggest that this number is continuing to rise.

Amidst the horrific numbers, it's important to put real faces to the scope of this crisis and I'd like to take a moment to share the stories of some of our families.

Doug lost his daughter, Courtney, when she was just 20 years old. He describes Courtney as "a shining star. The room lit up when she walked in and everyone loved her." Doug writes: "We were told that because 'it is not a matter of life or death' there would be no coverage for treatment. On the advice of our local authorities, we asked [Courtney] to leave our home and canceled her insurance. By doing this, she would be homeless and then could be eligible to receive treatment. Courtney died alone, away from our home and the day before she was scheduled to enter a treatment facility."



Lorraine describes her twin brother, Larry, as “amazing, charming, funny, popular and the most talented drummer you’ve ever heard.” Larry died from a drug overdose almost 30 years ago, leaving behind his one-year old son, who Lorraine raised as a single parent.



Aimee describes her son, Emmett, as “the average American teen; he loved video games and BMX biking. He was a caring, funny, smart young man with the potential for greatness. He was the adored older brother to Zachary (age 18) and Alice (age 9). He had a smile and charm that could light up a room – but heroin stole that from him, and from us.”



Jennifer describes the day her son, Dylan, died: “I don’t remember much about that day, but I do know that my life will never be the same. Every day when I walk into my house, I see Dylan’s shoes sitting on the floor where he kicked them off and his jacket draped across the banister where he left it. We will never have another one of our midnight snacks. He will never have the chance to get married, have kids, travel and do all of the things that a 19-year-old should have the chance to experience.”



Of the 21 million people that need treatment for a substance use disorder, only about 10 percent will receive it. *Ten percent.* Can you imagine a world where only 10 percent of cancer, Alzheimer’s, or diabetes patients got the treatment they needed? We lose 174 sisters, sons, husbands, daughters, and mothers every single day.

A Comprehensive Response to Addiction

As a community of families, patients and key stakeholders, we have long been advocating for a comprehensive response to addiction in this county and are excited to see this approach reflected in the numerous legislative proposals that are being considered.

Last year, through rigorous dialogue and consideration, we identified key priorities for action and we are grateful to this Committee and its members for focusing on so many of the following crucial components.

1. Help Families in Crisis

In our field there is a profound lack of accurate resources and guidance available for individuals and families who are in crisis and need proper treatment and care. We consistently hear families describe desperate, agonizing attempts to get help—turning to Google to search for treatment options and basic information, reaching out to physicians or local contacts who have neither answers nor referrals, not knowing who to call without being judged, or calling what seemed like leads but turn out to be dead ends with no capacity and a three-month waitlist, no insurance coverage, or the haunting drone of a disconnected number.

Additionally, there is a lack of readily available information regarding what we do know about substance use disorders in all of their complexity. Addiction shares many features with other chronic illnesses such as diabetes, cancer and heart disease, including a tendency to run in families, an onset and progression that is influenced by behavior and an ability to respond to appropriate treatment, which can include both medication and lifestyle modifications. Even relapse rates for substance use disorders are similar to those of comparable chronic illnesses. There is also an alarming lack of cultural understanding with regard to what we know about

effective treatment, recovery, prevention, early intervention, overdose reversal and other key topics.

2. Expand Treatment Access and Integration into Healthcare

Substance use disorder (SUD) remains one of the only illnesses that is treated outside of general healthcare systems. Because of this there is little, if any, communication between specialty SUD treatment providers and primary care doctors. This affects the overall quality of care and health outcomes of the patient. We need to close the gap between the number of people who need treatment for an SUD and the number of people who actually receive it.

Evidence-based SUD treatment needs to be integrated into general healthcare systems, including primary care, emergency departments, inpatient, mental health programs, etc. Ideally, SUD would be treated like any other chronic, relapsing disease. Patients could receive treatment and care coordination from their primary care doctor, who would bring in specialty providers as needed, as would be the case for a patient diagnosed with diabetes or heart disease.

Studies have shown that the mainstream healthcare workforce is inadequately trained to deal with SUD-related issues, and that the substance-use-related workforce does not currently have the capacity to handle the population of patients who need care.

Major investments are needed in both arenas if a proper and sustainable integration of care delivery is to take place. Because physical health conditions impact and are impacted by SUDs integrating substance-use-related services in healthcare systems promises to add value to both systems, reduce health disparities and costs, and improve general health outcomes.

Healthcare systems have many shoes to fill in the configuration of a comprehensive, effective plan to address SUDs: expand efforts to identify patients in need of treatment; integrate comprehensive assessments for patients who screen positive for substance use problems; treat

patients along the wide spectrum of SUD severity, including intervening early when substance misuse is identified in order to curtail escalation of the disorder and related health consequences; connect patients with the appropriate treatment provider and proceed to coordinate care across both healthcare and social services systems (criminal justice, housing and employment support, child welfare); and implement long-term patient monitoring and recovery support follow-up.

3. Drive Discovery in Research and Cures

Innovative scientific advancements in the field from many arenas within pharmacotherapy and technology are emerging, but funding for research remains scant and the number of addiction-related scientists too few. As a result, new discoveries that could help people struggling with SUD are slow to emerge.

To achieve our vision of a world free of addiction and all of its associated burdens we must dramatically increase research investments in order to attract and enable experts throughout the scientific, medical and technology communities to work together to accelerate progress.

4. Expand Recovery Supports

While evidence strongly suggests that effective treatment and recovery plans should cover a span of at least three to five years for an individual based on their needs and the severity of their disorder, we have a long way to go to adequately prioritize and fund the quality and amount of recovery support programs and resources needed in every community. Today, 23 million Americans are in recovery from SUD. As we work toward closing the treatment gap by providing services for more individuals who need them, investing in the necessary framework for sustained recovery is critical.

Key components of recovery-ready communities include a variety of programmatic supports, including recovery community organizations, alternative peer groups, collegiate

recovery programs, jail and prison-based recovery, peer recovery coaching, medication-assisted recovery support, mutual aid groups, recovery high schools, recovery housing, and technology and tools for recovery support.

5. Advance Evidence-Based Prevention

We know that 90 percent of individuals with a SUD started using substances in adolescence. Increasing the age of initiation is key to ensuring that fewer people develop an addiction.

There are numerous evidence-based prevention interventions that have been shown to not only prevent or delay the onset of substance use, but also help prevent broader behavioral health problems. Early interventions can also help to prevent problematic substance use from progressing to a use disorder. Advancing implementation of these evidence-based programs will help prevent addiction as well as criminal justice system involvement that can happen when these disorders go untreated. Evidence-based prevention approaches (both individual and environmental) can lead to major societal cost-savings over time and dramatically reduce the prevalence of both substance use and mental illness.

Comprehensive school/community-based assessment and early intervention activities and programs, such as Student Assistance Programs (SAP) in middle and high school settings, can play a critical role in stopping the addiction cycle before the disorder becomes more complex and difficult to treat.

Prescription drug misuse can have serious medical consequences and its prevention is a key element of a comprehensive prevention strategy. Increases in prescription drug misuse over the last 15 years are reflected in increased emergency room visits, overdose deaths associated with prescription drugs and treatment admissions for prescription drug use disorders, the most

severe form of which is addiction. Among those who reported past-year non-medical use of a prescription drug, nearly 12 percent met criteria for prescription drug use disorder. Unintentional overdose deaths involving opioid pain relievers have more than quadrupled since 1999, and have outnumbered those involving heroin and cocaine since 2002. To address prescription drug misuse, we must educate patients about its dangers and empower them with the tools to safeguard their own homes by securing medicine cabinets and disposing of unused medication.

6. Protect Children Impacted by Parental Substance Use Disorder

Over nine million children in the United States live in a home with at least one parent who uses illicit drugs, according to the National Alliance for Drug Endangered Children. These children are at an increased risk for depression, suicide, poverty, delinquency, anxiety, homelessness and most significantly, substance misuse. Children living with an addicted family member are four times more likely to misuse drugs or alcohol themselves, SAMHSA reports.

Many children who have a family member in active addiction live in kinship or foster care. Healthcare and child welfare organizations, as well as foster parents and guardians, need training so that they understand the complexities of SUD and can help impacted youth learn positive coping skills and strategies that can decrease their likelihood of developing a SUD of their own. There are promising interventions being implemented within the child welfare system. For example, START, a Child Protective Services program for Kentucky families with parental substance misuse and child abuse/neglect, is an integrated intervention that pairs a social worker with a family mentor to work collaboratively with a few families, providing peer support, intensive treatment and child welfare services. The program's goal is to make sure children are safe and reduce placement of these children in state custody, keeping families together when appropriate.

7. Reframe the Criminal Justice System:

Approximately 68 percent of people in jail, 53 percent of people in state prison and 45 percent of people in federal prison have SUDs, compared to just 9 percent of the general US population. With limited access to treatment while in custody, people with SUDs often return to their communities and re-engage in the same behaviors that resulted in their incarceration in the first place. Criminal justice reform is necessary to stop this revolving door.

The current landscape provides a unique opportunity to re-envision how the criminal justice system responds to addiction. Within the criminal justice field, there is a growing focus on how to best approach mental illness and SUDs. Public opinion overwhelmingly supports rehabilitation through diversion to community treatment rather than past practice, which focused on punitive responses. The passage of the Comprehensive Addiction and Recovery Act (CARA) in 2016 marks a sea-change in the role of criminal justice and provides additional resources for pre-arrest diversion and Medication Assisted Treatment (MAT) within criminal justice facilities.

As we envision and actualize much-needed reforms within and without criminal justice as we know it, emphasis should be placed on preventing individuals with SUDs from penetrating into the criminal justice system by "intercepting" them at the earliest point of contact. The Sequential Intercept Model is well-established in the mental health field and can easily be applied to SUD populations. The model provides a conceptual framework for communities to use when addressing concerns about the criminalization of people with SUDs and considering the ideal interface between the systems of criminal justice and treatment.

8. Educate and Raise Awareness

The field of addiction is steeped in myth and misinformation, which has kept our country from treating and providing for the disorder as we do any other medical condition. The stigma

that unfortunately surrounds SUD also acts as a major barrier to treatment access. In order to transform the field of addiction, we must change the narrative that has misconstrued this disease and failed to provide for the millions of Americans who are struggling. By educating people of all ages about this disease by way of real stories instead of scare tactics and accessible language instead of statistics, we can help cultivate more compassionate, resourceful and knowledgeable communities.

These priorities were developed by the people and families struggling with substance use disorder; families and friends that have lost a loved one; policymakers, volunteers, researchers, health professionals, law enforcement officials and advocates. As an integrated whole, they realize an aggressive, comprehensive approach that includes practical tools, sound policies and new collaborations that will empower and equip communities to better treat and prevent addiction and ultimately, save lives.

Our community is energized by and united in our goal of helping to forge a world where fewer lives are needlessly lost to this disease. But our work is far from finished--as the opioid crisis worsens across the nation, we are emboldened to do more. The legislative proposals being considered contain critical components that would help both to curb the opioid crisis and to ensure that the future of this field is one founded in hope and guided by science.

OPIOID CRISIS RESPONSE ACT OF 2018

I commend the Committee for your leadership and for the comprehensive approach you have taken to address this crisis as evidenced by the legislation being considered today. While there are many important provisions in this bill, I would like to focus specifically on a number of provisions supported by the Addiction Policy Forum.

COMPREHENSIVE OPIOID RECOVERY CENTERS

The Comprehensive Opioid Recovery Centers provision will help address these barriers through the development and promotion of integrated care models based on best practices, which will build a pathway toward the comprehensive healthcare infrastructure that must be achieved to ensure that everyone suffering with a substance use disorder has access to quality treatment. Specifically, the legislation will authorize resources to operate these centers, which will provide the full spectrum of evidence-based treatment services including intake evaluations and regular assessments, all Food and Drug Administration (FDA)-approved treatments for substance use disorders, detoxification, counseling, residential rehabilitation, recovery support services, pharmacy and toxicology services, and interoperable electronic health information systems.

The Addiction Policy Forum supports the quick enactment of CORCs, which will help fill the need for coordinated, comprehensive care for patients with opioid use disorder. In so doing, these Centers will also address those at risk for overdose, arrest or other criminal-justice involvement receive the healthcare they need to return to their families, work and a healthy life.

NATIONAL RECOVERY HOUSING BEST PRACTICES

Addiction is a chronic, relapsing disease and most patients who are treated for a substance use disorder (SUD) require long-term recovery support. While a wide range of evidence-based services, programs, and organizations have been developed to provide structured and supportive environments for people in recovery from an SUD, the critical role of recovery in the continuum of SUD treatment is too often omitted from conversations regarding the current crisis. Despite extensive research showing that services such as recovery housing dramatically increase the likelihood that a patient will achieve long-term recovery, such programs tend to be

in short-supply, lack dedicated funding and vary significantly in quality by payer and region due to a lack of widely-recognized national standards and guidelines.

The Addiction Policy Forum supports the provision in this bill requiring the Department of Health and Human Services (HHS) to develop and disseminate guidelines for best practices in the operation of recovery housing.

FIRST RESPONDER TRAINING

Our nation's first responders serve daily on the front lines of the addiction crisis, and they encounter first-hand the effects that illicit substances can have on our communities. With the proliferation of substances like fentanyl in the illicit drug supply chain, first responders are at an increased risk to deadly exposure to these substances.

First responders need additional training and resources to safely respond to incidents of drug overdose involving fentanyl so they can more effectively carry out their duty to save lives, and the Addiction Policy Forum supports the committee's efforts to provide first responders with these essential resources.

IMPROVING ACCESS TO TELEMEDICINE

The use of telehealth is an important solution to be utilized in the diagnosis and treatment of SUDs, particularly in rural areas. There is a large workforce shortage of clinicians trained to treat SUDs, and while some regions of the nation have strong SUD treatment workforces, increasing access to telehealth services would allow vital clinical services for SUDs to be provided in areas of the nation that lack, or may not need, full-time addiction medicine specialties.

The Addiction Policy Forum supports the provision of the bill allowing mental health and addiction treatment centers to register with the Drug Enforcement Agency, which would expand

the use of telemedicine and allow for the treatment of additional patients with SUD.

DISPOSAL OF CONTROLLED SUBSTANCES BY HOSPICE CARE PROVIDERS

Many of the first-time encounters with opioids happen in homes with leftover medications that were initially prescribed by a physician. The Journal of the American Medical Association reported that two-thirds of surgical patients end up with unused pain medications, such as oxycodone and morphine, after recovering from a procedure. These prescribed drugs are often neither secured nor disposed of properly, but stashed in medicine cabinets and bedside table drawers. Getting rid of a bottle of pills may seem like a shuffle step on the long path toward addressing the opioid crisis, but decreasing access to these medications is as crucial as it is easy.

Because of this, the Addiction Policy Forum supports giving hospice care providers greater ability to dispose of unused controlled substances for the deceased.

EDUCATION AND TRAINING FOR PROVIDERS

Medical education about the identification and treatment of substance use disorders needs to be improved for practicing healthcare professionals as well as those in training. While there is certainly good work going on to improve medical professional education related to substance use and addiction, we must ensure speedy dissemination of the most current research and best practices. Often, healthcare providers do not feel prepared to deal with what is commonly perceived as a difficult patient population. Because of the lack of education for students and experienced practitioners, patients are denied access to a large portion of evidence-based treatment options that are only available in medical settings. Physicians around the country also report not having had enough training on the prescribing of pain medication and alternative treatments for chronic pain. This particular gap in physician education in the midst of a worsening opioid epidemic must be addressed.

Providing additional educational resources to providers to both detect substance use disorders and address acute or chronic pain in order to mitigate the risk of a patient developing a substance use disorder is an important piece of a comprehensive response to our nation's drug crisis. As such, the Addiction Policy Forum supports this provision.

Conclusion

I look forward to working with you and the Members on this Committee to advance meaningful legislation built on a comprehensive response that includes prevention, treatment, recovery, overdose reversal, law enforcement and criminal justice reform.

Thank you for the opportunity to testify today and for your commitment to addressing such an important issue that impacts millions of American families every day.